

2005 Community Health Assessment Report Executive Summary

Introduction

A community health assessment is a process by which community members gain an understanding of the health, concerns, and health care systems of the community by identifying, collecting, analyzing, and disseminating information on community assets, strengths, resources and needs. There are four steps to the assessment process:

- Determine the health status of the community
- Assess risk factors associated with identified health problems
- Identify the health care resources available in our community to promote action directed toward the identified problems
- Establish health priorities and the appropriate interventions

The Scotland County Community Health Assessment is a collaborative effort between Scotland County Health Department and Scotland County Healthy Carolinians Partnership. Scotland County Healthy Carolinians is a community-based partnership whose overall goal is to improve the health and well-being of our community residents.

The Office of Healthy Carolinians and the NC Department of Health and Human Services require a comprehensive Community Health Assessment every four years. Through this assessment, health concerns that affect our population, including available resources that can address these concerns, have been identified. The assessment report serves as a basis for improving and promoting the health of Scotland County residents and will assist health organizations within Scotland County in determining priority health issues, identify resources, and plan community health programs. The results of this report can be used as a planning tool to determine the focus and direction in addressing health and community concerns through 2010.

Demographics

In July 2005, the estimated population of Scotland County was 37,060, ranking 64th in North Carolina, a growth of 2.9% from the 35,998 population in 2000. Nearly 17,000 citizens live in Laurinburg, the county seat. Gibson, Wagram, East Laurinburg, unincorporated Laurel Hill and Maxton make up the various communities in the county. Population density is 116.12 per square mile. Designated as "rural" in the United States census, Scotland County is ranked as the 60th largest in North Carolina. (US Census Bureau 2004 estimate)

Population percentages:	<u>Scotland County</u>	<u>North Carolina</u>
White	51.5%	72.1%
Black	37.3	21.6
American Indian	8.9	1.2
Hispanic	1.2	4.7
Population by Age:		
0-19 yrs	29.3%	27.2%
20-34	19.8	21.6
35-54	28.2	29.1
55-64	11.1	10.0
65-84	10.0	10.5
85+	1.4	1.4

Economic Indicators – Scotland County

Employment:	<u>Year</u>	<u>Unemployment Rate</u>	<u>Rank in NC</u>
	2002	9.9%	17
	2003	12.3	2
	2004	10.9	1
	2005 (May)	9.4	1

Approximately 85% of the workforce is in private industry and 15% in government:

Manufacturing	32.9%	Construction	2.5%
Retail	11.0	Transportation	2.3
Education	10.4	Real Estate/Finance	2.1
Healthcare	11.7	Agriculture	0.7
Public Administration	6.0		

Income:	<u>Scotland County</u>	<u>North Carolina</u>	<u>Scotland County</u>
<u>Year</u>	<u>Per Capita Income</u>		<u>State Ranking</u>
2000	\$ 15,693	\$ 20,307	82
2001	20,660	27,308	77
2002	21,284	27,785	80
2003	21,529	28,071	75

(Scotland County Trends Profile – NC Department of Commerce)

In 2000, the median household income for Scotland County was \$31,010. In the second quarter 2004, the average weekly wage per employee was \$518 ranking the county 39th in the state. In 2000, the percent of poverty in Scotland County was 20.6% compared to 12.3% in North Carolina.

Education:

In Scotland County, fifteen public schools serve more than 7,000 students. Per pupil expenditures for Scotland County in 2002-2003 were: Local \$1,464; State \$5,014; and Federal \$1,365; for a total of \$7,843. Children on reduced cost lunches have decreased from a total of 614 (2003-2004) to 462 (2005-2006) in Scotland County however, the number of school aged children on free lunch increased from 4,037 (2003-2004) to a total of 4,275 (2005-2006).

In 2000, 78.1% of Scotland County residents age 25 years or older graduated from high school and 15.9% had a bachelor's degree or higher compared to 22.5% for the state.

Social Services:

In 2003-2004, there were 749 unduplicated reports of child abuse, neglect and dependency with 146 (19.4%) of these confirmed. In 2004, the Department of Social Services (DSS) saw a 48% increase in the number of children coming into DSS custody and into foster care, and 396 families were referred to DSS for investigation of abuse/neglect.

In 2004, Medicaid provided medical care to 33% of Scotland County residents. Food stamps purchases by local families totaled \$6,791,909.00 – an 18% increase since 2003. In the last four years the number of families receiving food assistance has increased by 39%. In 2004, 976 children received day care assistance so their parents could work. Since 2003, emergency assistance requests have increased by 26%.

Scotland County Health Data

Pregnancies and Births: (rate per 1,000 population)

Live Birth Rate:	<u>Scotland County</u>	<u>North Carolina</u>
2000-2004	13.6	14.3
Low Birth Weight Rate:		
2000-2004	11.2	9.0
Births (out of wedlock): 285		
2004	59.1	36.8
Live Births:		
2004	482 (223 white/259 minority)	
	5 (age 10-14 yrs)	
	78 (age 15-19 yrs)	
Pregnancies:		
2004	594 (372 out of wedlock)	
	5 (age 10-14 yrs)	
	100 (age 15-19 yrs)	
Infant Death:	<u>Scotland County</u>	<u>North Carolina</u>
2000-2004	12.2	8.4
2004	20.7	8.8

(North Carolina State Center for Health Statistics, 2004)

Mortality Statistics

The leading causes of death in Scotland County and North Carolina during the period 2000-2004 and their unadjusted death rates (per 100,000 population):

<u>Disease</u>	<u>Scotland County Rate</u>	<u>North Carolina Rate</u>
Heart	289.4	223.8
Cancer	212.8	193.6
Cerebrovascular	87.8	63.7
Diabetes Mellitus	46.1	26.7
Chronic Lower Respiratory	36.1	44.1
Unintentional Motor Vehicle	27.2	19.7
Alzheimer's	21.7	23.6
Chronic Liver Disease/Cirrhosis	17.2	9.0
Pneumonia, Influenza	16.1	22.3
Nephritis, Nephrosis	13.9	16.7
Other unintentional injuries	12.2	24.2
Homicide	11.1	7.4
Suicide	8.9	11.7
Total Deaths – All causes	999.9	865.2

(State Center for Health Statistics, 2005)

Results of Survey Summary

The Scotland County Community Health Assessment Opinion Survey was developed and distributed throughout the county to collect primary data from the community. Approximately 1,000 surveys were distributed with 459 surveys returned along with holding four community forums sponsored by the North Carolina Office of Minority Health and Health Disparities. Following is a brief summary of the results of the opinion survey.

- Leading causes of death – cancer, heart disease, violence and highway fatalities
- Priority health issues – teen pregnancy, high blood pressure, heart disease, cancer, stroke, diabetes and obesity
- Priority risk factors – alcohol and drug abuse, lack of physical activity, use of tobacco products, environmental concerns and crime
- Leading factors affecting families seeking medical treatment – lack of insurance and inability to pay
- General concerns – lack of transportation, medicine and food.
- Environmental concerns – recycling services, proper trash disposal, clean air, pest control and animal control
- Educational opportunities – alcohol/drug abuse, teen pregnancy prevention and physical activity
- Services difficult to find or use – transportation, child day care, dental care, parks and recreation, and housing assistance
- Would like to see more – job opportunities, safe places to walk and play, recreation facilities and drug rehabilitation services

Priority Health Concerns

The 2005 Community Health Assessment Survey results indicated respondents felt the top five community health priorities were teenage pregnancy, cancer, high blood pressure, heart disease and obesity. The top five community behavior risks identified were lack of physical activity, tobacco use, alcohol/drug abuse, environmental factors and crime. The table below depicts the top ten priority health concerns in 2005.

<u>2005 Health Priorities</u>	<u>2005 Behavior Risk</u>
Teenage pregnancy	Alcohol/Drug abuse
Cancer	Lack of physical activity
High Blood Pressure	Unprotected Sex
Heart Disease	Crime
Obesity	Use of Tobacco Products
STD/HIV/AIDS	Environmental factors
Diabetes	Child/Spouse/Parent Abuse
Asthma/Lung Disease	Poor Nutrition
Stroke	Child Safety Seat use
Mental Health	Seatbelt use

North Carolina 2010 Health Objectives

In 2000, the Governor's Task Force for Healthy Carolinians developed North Carolina's health objectives for the year 2010. A set of 110 objectives, divided into 12 focus areas were established. While North Carolina is moving in the right direction on many of the 2010 Health Objectives, there are worrisome trends that continue. The most significant concerns are the decrease of adults with health insurance, increase of diabetes death rates, and increase in overweight and obesity among adults and children.

Summary

Scotland County in general, has a higher morbidity rate with respect to heart disease, cancer, diabetes, and stroke according to statistical data from the North Carolina Department of Health and Human Services, Centers for Disease Control and Prevention. Common to both community and family impact, the concerns noted by respondents on the Community Health Assessment Opinion Survey regarding leading causes of death are in accord with secondary sources except for those of violence and HIV/AIDS.

Concern about dental health as the biggest health issue was less than 1% for the community and 3.4% for impact on families. However, according to the public health hygienist in Scotland County, 32% of the county's kindergarten children have untreated dental decay.

Respondents also felt that alcohol and drug abuse were the biggest behavior risks impacting Scotland County (43.4%) and was the 3rd leading behavior risk affecting families. Information on alcohol and drug abuse was the leading response regarding the programs, resources, and education/information citizens would like to see more of in the community.

Secondary to alcohol and drugs, survey respondents felt lack of physical activity was the biggest behavior risk in Scotland County. Physical activity had the highest response in terms of family impact. Respondents listed use of tobacco products as the second leading behavior risk affecting their families.

Survey respondents noted lack of transportation as another leading concern. Transportation was listed as a barrier to receiving medical care and a service that people had a problem finding or using. The county offers Scotland County Area Transit System (SCATS) during the week. Scotia Village, Morgan Center, and Laurinburg Housing Authority offer limited transportation to their residents.

Concern for more job opportunities was the leading response to what survey respondents wanted to see more of in Scotland County. This issue continues to be addressed as the City of Laurinburg, Laurinburg/Scotland County Area Chamber of Commerce and the Scotland County Commissioners are working hard to bring in new business and industry to help the economy through more job opportunities. The second leading concern was safe places to walk and play. Although Scotland County Parks and Recreation offers numerous parks and recreational programs, additional research might be warranted to look into the safety of neighborhoods and roadways.

Scotland County is a small rural county with excellent natural resources, but limited financial resources. By utilizing our existing programs and resources to the greatest extent and by focusing on areas where we can make the biggest impact to improve the health and lifestyles for the families in our county, we can impact issues that are of concern to the county. Targeting priority areas of obesity, alcohol and drug abuse, tobacco prevention, encouraging physical activity, and making our parks and roadways safer can make a positive impact on Scotland County. Citizens can become better informed by taking advantage of the numerous free education opportunities on chronic diseases and healthy lifestyle promotion, and then by making personal choices that adapt these habits. By reducing overweight and obesity and by increasing physical activity, the incidence of chronic disease can be decreased significantly.

County and city government, as well as numerous health and civic organizations, are concerned about the issues addressed in this report. Scotland County Healthy Carolinians Steering Committee will determine priority focus areas to address and develop action plans on these issues over the next 4 years. These action plans will utilize existing resources and encourage collaboration between organizations to reduce duplication of labor and encourage combined effort towards a common purpose that will result in positive gains for our families and our community.



Scotland County Mission Statement: “To protect the Health, Safety, and Welfare of our Citizens and ensure Peace and Dignity within the County.”

Scotland County Health Department Mission Statement: “To preserve and protect the health of the citizens of Scotland County through education, prevention, and the promotion of healthy living, provided by staff committed to community service and quality care.”

Scotland County Healthy Carolinians Mission Statement: “To empower the citizens through education and promotion of healthy lifestyles and safe communities.”

“Scotland County Healthy Carolinians”

